



WASHINGTON MOTOR VEHICLE FUEL SUPPLIER TAX RETURN

MP

Fuel Tax Section
PO Box 9048
Olympia WA 98507-9048
(360) 664-1852

A. REPORTING PERIOD Year: _____ Month: _____		FOR VALIDATION ONLY -- 108-030-115-0001	
B. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No Operations this period <input type="checkbox"/> Amended Return</div><div><input type="checkbox"/> Name Change <input type="checkbox"/> Address Change</div><div><input type="checkbox"/> Late Return</div></div>			
C.		<div style="border: 1px solid black; padding: 2px;">VALIDATED POSTMARK DATE</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">D. Cancel license Effective Date _____</div>	
Account #			

1 Beginning physical inventory	1	
2 Fuel received (total from Schedule A on reverse)	2	
3 Ending physical inventory	3	
4 Total accountable gallons (line 1 + line 2 - line 3)	4	
5 Tax exempt gallons (total from Schedule B on reverse)	5	
6 Taxable gallons (line 4 - line 5)	6	
7 Washington power take-off credit gallons *	7	
8 Tax paid purchases (Schedule A, line A1)	8	
9 Total of motor fuel allowances (total from Schedule C on reverse)	9	
10 Net taxable or credit gallons (line 6 - line 7 - line 8 - line 9)	10	
11 Motor vehicle fuel tax (line 10 x tax rate)	11	
12 Penalty after 25th of month (line 11 x 2%)	12	
13 Sum of line 11 + line 12	13	
14 Interest (line 13 x 1%)	14	
15 Total fuel tax liability (line 13 + line 14)	15	
16 Previous payments (Amended returns only)	16	
17 Credit for non payment of tax from purchaser *	17	
18 Total adjustments (line 16 + line 17)	18	()
19 If total of lines 15 - 18 is greater than zero, amount owed	19	
20 If total of lines 15 - 18 is less than zero, net refund amount	20	()
EFT payment		

PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

SIGNATURE REQUIRED			
I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.			
Signature _____	Title _____		
Print Name _____	Date _____	Phone () _____	
Contact Name _____		Phone () _____	

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Name _____ Account/License no. _____

SCHEDULE A - FUEL RECEIVED

A1 Gallons purchased/received tax paid *	A1	
A2 Non-taxed from Washington licensed Suppliers/Importers *	A2	
A3 Imported direct to customer/non licensed bulk storage *	A3	
A4 Imported directly into licensed terminal rack *	A4	
A5 Other ** (Including gains from bulk storage, temperature adjustments and transportation)	A5	
Total fuel received (sum of lines A1 through A5)		

SCHEDULE B - TAX EXEMPT GALLONS

B1 Sales to Washington licensed Suppliers *	B1	
B2 Export sales by supplier *	B2	
B3 Sales to licensed exporters *	B3	
B4 Export Sales to US Armed Forces or National Guard *	B4	
B5 Sales to foreign governments *	B5	
B6 Own use or consumption	B6	
B7 Temperature adjustments	B7	
B8 Other ** (Including losses from bulk storage and transportation)	B8	
Total exempt gallons (sum of lines B1 through B8)		

SCHEDULE C - MOTOR FUEL ALLOWANCE

Sales to non-licensees
and own taxable sales

A

Sales to Licensees

B

C1 Taxable gallons (line 6)		
C2 Tax paid purchases (line 8)		
C3 Total of line C1 - line C2		
C4 Taxable handling allowance	0.0025	0.0031
C5 Taxable handling allowance gallons (line C3 x line C4)		
Total handling allowance (sum of line C5 columns A and B)		

* Support schedule required

** One support schedule for each category required